

STATISTICAL COMPENDIUM: MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 1999 ALASKA

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TABLE 11

CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a,b}
 DUAL ELIGIBLE BENEFICIARIES, ALASKA, 1999

Beneficiary Characteristics	No. of Benes							No. of Bene Mos						
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown		
All	9,692	5,434	4,145	113	0	0	100,761	56,360	43,543	858	0	0		
Age														
5 and younger	2	0	2	0	0	0	23	0	23	0	0	0		
6-14	0	0	0	0	0	0		0	0	0	0	0		
15-20	16	0	16	0	0	0	177	0	177	0	0	0		
21-44	1,973	3	1,924	46	0	0	20,583	27	20,208	348	0	0		
45-64	1,953	13	1,910	30	0	0	20,512	117	20,189	206	0	0		
65-74	3,022	2,720	265	37	0	0	31,108	28,120	2,684	304	0	0		
75-84	1,999	1,978	21	0	0	0	20,996	20,786	210	0	0	0		
85 and older	727	720	7	0	0	0	7,362	7,310	52	0	0	0		
Unknown	0	0	0	0	0	0		0	0	0	0	0		
Gender														
Female	5,521	3,459	2,011	51	0	0	57,847	36,189	21,244	414	0	0		
Male	4,171	1,975	2,134	62	0	0	42,914	20,171	22,299	444	0	0		
Unknown	0	0	0	0	0	0		0	0	0	0	0		
Race														
White	4,637	2,065	2,532	40	0	0	47,470	20,610	26,564	296	0	0		
African American	370	149	214	7	0	0	3,695	1,516	2,130	49	0	0		
Other/unknown	4,685	3,220	1,399	66	0	0	49,596	34,234	14,849	513	0	0		
Use of Nursing Facilities														
All year	452	374	78	0	0	0	4,478	3,678	800	0	0	0		
Part year	241	204	37	0	0	0	2,215	1,862	353	0	0	0		
None	8,999	4,856	4,030	113	0	0	94,068	50,820	42,390	858	0	0		
Maintenance Assistance Status														
Cash	8,965	4,889	3,986	90	0	0	93,978	51,281	41,980	717	0	0		
Medically needy	0	0	0	0	0	0		0	0	0	0	0		
Poverty-related	12	7	1	4	0	0	95	66	10	19	0	0		
Other/unknown	715	538	158	19	0	0	6,688	5,013	1,553	122	0	0		
Dual Medicare Status^c														
Full dual, all year	9,680	5,424	4,143	113	0	0	100,661	56,280	43,523	858	0	0		
Full dual, part year	12	10	2	0	0	0	100	80	20	0	0	0		
Managed Care Status														
FFS all year	9,692	5,434	4,145	113	0	0	100,761	56,360	43,543	858	0	0		
FFS part year, with Rx claims	0	0	0	0	0	0		0	0	0	0	0		
FFS part year, no Rx claims	0	0	0	0	0	0		0	0	0	0	0		

Source: Data for this table are from the MAX 1999 file for Alaska, released by CMS in 10/2003. This table was produced on 06/25/2004.

a. Table 11 includes the beneficiaries represented by Cells G of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

Table 11

Dual Eligible Beneficiaries

b. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services. The total includes some beneficiaries with unknown basis of eligibility and some whose age categories are not consistent with basis of eligibility.

c. The "Full dual, all year" group contains beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefits during all months of Medicaid enrollment in 1999. The "Full dual, part year" group contains beneficiaries who had such benefits for some, but not all, months of their enrollment. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Center for Medicare and Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; Rx = pharmacy benefit.

TABLE 12
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BENEFICIARY CHARACTERISTIC^{a,b}
 DUAL ELIGIBLE BENEFICIARIES, ALASKA, 1999

Beneficiary Characteristics	% with at Least One Rx	Mean No. of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Services	Rx \$ as % of All Services	Mean OTC Drug \$ ^c	No. of Benefes
All	82.5 %	33.7	\$1,868	\$55	\$11,556	16.2 %	\$17	9,692
Age								
5 and younger	50.0	29.5	3,723	126	95,619	3.9	0	2
6-14	0.0	0.0	0	0	0	0.0	0	0
15-20	81.3	20.2	1,175	58	21,216	5.5	6	16
21-44	82.6	30.3	2,993	99	12,999	23.0	11	1,973
45-64	86.4	44.2	2,533	57	10,800	23.5	30	1,953
65-74	78.1	28.0	1,198	43	7,057	17.0	16	3,022
75-84	83.4	33.3	1,292	39	12,443	10.4	14	1,999
85 and older	87.6	40.0	1,408	35	25,494	5.5	11	727
Unknown	0.0	0.0	0	0	0	0.0	0	0
Basis of Eligibility								
Aged	81.1	31.5	1,255	40	11,451	11.0	15	5,434
Disabled	84.7	37.1	2,695	73	11,916	22.6	21	4,145
Adults	69.9	14.8	997	67	3,406	29.3	3	113
Children	0.0	0.0	0	0	0	0.0	0	0
Unknown	0.0	0.0	0	0	0	0.0	0	0
Gender								
Female	87.6	40.3	1,886	47	12,203	15.5	19	5,521
Male	75.8	25.1	1,845	74	10,701	17.2	15	4,171
Unknown	0.0	0.0	0	0	0	0.0	0	0
Race								
White	86.0	46.7	2,718	58	13,803	19.7	23	4,637
African American	87.6	42.4	1,989	47	11,169	17.8	29	370
Other/unknown	78.7	20.3	1,017	50	9,363	10.9	10	4,685
Use of Nursing Facilities								
Entire year	96.9	59.2	2,860	48	80,888	3.5	35	452
Part year	96.3	62.4	2,600	42	39,054	6.7	32	241
None	81.4	31.7	1,799	57	7,338	24.5	16	8,999
Maintenance Assistance Status								
Cash	81.8	32.1	1,808	56	8,194	22.1	16	8,965
Medically needy	0.0	0.0	0	0	0	0.0	0	0
Poverty related	75.0	6.0	205	34	1,036	19.8	0	12
Other/unknown	91.3	55.0	2,649	48	53,897	4.9	28	715

Source: Data for this table are from the MAX 1999 file for Alaska, released by CMS in 10/2003. This table was produced on 06/25/2004.

Table 12

Dual Eligible Beneficiaries

a. Table 12 includes beneficiaries represented by Cell G of Table 1.

b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.

c. Information about OTC drugs appears in this column only. OTC drugs are not part of the reimbursement amount for prescription drugs.

Bene(s) = beneficiary (or beneficiaries); CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; OTC = over-the-counter; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE 13
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a,b}
 DUAL ELIGIBLE BENEFICIARIES, ALASKA, 1999

Beneficiary Characteristics	Mean No. of Rx	Mean Rx \$	Rx \$ as % of All Services	No. of Rx, % with:					Mean \$, All Services	Benes	Bene Mos	
				None	More than 0, but 1 or Less	More than 1, but 2 or Less	More than 2, but 5 or Less	More than 5, but 10 or Less				
All	3.2	\$180	16.2 %	17.5 %	30.1 %	11.8 %	21.3 %	13.5 %	5.7 %	\$1,112	9,692	100,761
Age												
5 and younger	2.6	324	3.9	50.0	0.0	0.0	50.0	0.0	0.0	8,315	2	23
6-14	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
15-20	1.8	106	5.5	18.8	56.3	12.5	6.3	0.0	6.3	1,918	16	177
21-44	2.9	287	23.0	17.4	29.7	13.1	23.4	12.3	4.1	1,246	1,973	20,583
45-64	4.2	241	23.5	13.6	23.8	11.5	23.8	18.7	8.6	1,028	1,953	20,512
65-74	2.7	116	17.0	21.9	32.3	11.4	19.7	10.5	4.3	686	3,022	31,108
75-84	3.2	123	10.4	16.6	33.7	11.9	18.8	13.1	6.0	1,185	1,999	20,996
85 and older	4.0	139	5.5	12.4	28.7	11.1	23.2	16.6	7.8	2,518	727	7,362
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Basis of Eligibility												
Aged	3.0	121	11.0	18.9	32.5	11.4	19.8	12.0	5.4	1,104	5,434	56,360
Disabled	3.5	257	22.6	15.3	26.9	12.4	23.5	15.5	6.3	1,134	4,145	43,543
Adults	2.0	131	29.3	30.1	33.6	10.6	15.9	9.7	0.0	449	113	858
Children	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Gender												
Female	3.8	180	15.5	12.4	28.1	12.4	23.0	16.6	7.4	1,165	5,521	57,847
Male	2.4	179	17.2	24.2	32.8	11.0	19.1	9.3	3.5	1,040	4,171	42,914
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	4.6	266	19.7	14.0	19.6	11.3	25.9	20.0	9.3	1,348	4,637	47,470
African American	4.3	199	17.8	12.4	20.8	13.2	24.6	20.0	8.9	1,118	370	3,695
Other/unknown	1.9	96	10.9	21.3	41.3	12.3	16.6	6.5	2.0	885	4,685	49,596
Use of Nursing Facilities												
Entire year	6.0	289	3.5	3.1	6.0	12.4	32.3	32.7	13.5	8,165	452	4,478
Part year	6.8	283	6.7	3.7	12.9	11.6	27.4	24.1	20.3	4,249	241	2,215
None	3.0	172	24.5	18.6	31.8	11.8	20.6	12.2	5.0	702	8,999	94,068
Maintenance Assistance Status												
Cash	3.1	173	22.1	18.2	31.7	11.9	20.8	12.4	5.1	782	8,965	93,978
Medically needy	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Poverty related	0.8	26	19.8	25.0	50.0	16.7	8.3	0.0	0.0	131	12	95
Other/unknown	5.9	283	4.9	8.7	9.9	11.5	28.7	27.6	13.7	5,762	715	6,688

Source: Data for this table are from the MAX 1999 file for Alaska, released by CMS in 10/2003. This table was produced on 06/25/2004.

Table 13

Dual Eligible Beneficiaries

- a. Table 13 includes the beneficiaries represented by Cell G of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
 - b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
- Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE 14
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, ALASKA, 1999

Beneficiary Characteristics	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
	No. of Rx	Rx \$	\$ per Rx	No. of Rx	Rx \$	\$ per Rx	No. of Rx	Rx \$	\$ per Rx	No. of Rx	Rx \$	\$ per Rx
All	3.2	\$180	\$55	1.3	\$117	\$93	0.6	\$31	\$54	1.2	\$22	\$18
Age												
5 and younger	2.6	324	126	0.8	213	258	0.6	22	39	1.1	88	78
6-14	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
15-20	1.8	106	58	0.4	34	83	0.7	64	96	0.6	6	10
21-44	2.9	287	99	1.2	215	176	0.4	41	94	1.1	22	20
45-64	4.2	241	57	1.7	155	90	0.7	42	63	1.6	30	19
65-74	2.7	116	43	1.1	68	64	0.5	22	45	1.0	17	17
75-84	3.2	123	39	1.2	71	61	0.6	24	39	1.2	19	16
85 and older	4.0	139	35	1.3	77	61	0.9	26	31	1.6	26	16
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility												
Aged	3.0	121	40	1.1	70	62	0.6	23	40	1.2	19	16
Disabled	3.5	257	73	1.5	179	123	0.6	40	73	1.3	26	19
Adults	2.0	131	67	0.8	84	103	0.3	31	101	0.8	14	18
Children	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Gender												
Female	3.8	180	47	1.5	110	74	0.7	33	49	1.5	25	17
Male	2.4	179	74	1.0	126	131	0.4	27	64	0.9	17	19
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	4.6	266	58	1.8	175	98	0.8	45	57	1.8	32	18
African American	4.3	199	47	1.7	126	75	0.7	36	51	1.7	28	17
Other/unknown	1.9	96	50	0.7	61	83	0.4	17	48	0.7	12	17
Use of Nursing Facilities												
Entire year	6.0	289	48	1.9	160	84	1.1	54	49	2.6	59	22
Part year	6.8	283	42	2.4	164	68	1.3	54	43	2.8	48	17
None	3.0	172	57	1.2	114	95	0.5	29	55	1.1	20	17
Maintenance Assistance Status												
Cash	3.1	173	56	1.2	114	94	0.5	29	55	1.2	20	17
Medically needy	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Poverty related	0.8	26	34	0.2	18	86	0.0	1	38	0.4	5	13
Other/unknown	5.9	283	48	2.0	166	82	1.0	49	49	2.5	51	20

Source: Data for this table are from the MAX 1999 file for Alaska, released by CMS in 10/2003. This table was produced on 06/25/2004.

a. Table 14 includes the beneficiaries represented by Cell G of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.

Table 14

Dual Eligible Beneficiaries

c. Brand-name drugs, sometimes called “innovator single-source drugs,” are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called “innovator multiple-source drugs,” are brand-name drugs whose patents have expired. Generic drugs, sometimes called “non-innovator multiple-source drugs,” are off-patent drugs manufactured and sold by companies other than the original patent holder. In Alaska, 6.4 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined. For information about this classification method, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE 15

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, ALASKA, 1999

Therapeutic Category	No. of Rx per Bene Mo among Users			\$ per Bene Mo among Users			\$ per Rx			Users						
	Total	Patented Brand-Name	Off-Patent Brand-Name	Total	Patented Brand-Name	Off-Patent Brand-Name	Total	Patented Brand-Name	Off-Patent Brand-Name	Total	No. Dual Benes	As % of Benes	No. of Bene Mos			
														Generic	Generic	Generic
Anti-infective Agents	0.3	0.2	0.0	0.1	\$28	\$25	\$0	\$2	\$136	\$60	\$15	14,796	\$1,263,660	4,154	42.9 %	45,662
Biologics	0.1	0.0	0.0	0.1	3	0	0	3	14	0	40	29	905	27	0.3	295
Antineoplastic Agents	0.5	0.2	0.1	0.2	84	59	15	10	298	127	48	1,628	260,504	293	3.0	3,100
Endocrine/Metabolic Drugs	1.0	0.5	0.2	0.3	28	20	3	4	41	18	14	33,939	963,923	3,182	32.8	34,385
Cardiovascular Agents	1.5	0.5	0.4	0.6	48	26	15	7	48	38	12	74,447	2,359,018	4,555	47.0	49,027
Respiratory Agents	0.7	0.4	0.0	0.3	33	24	1	8	59	32	30	20,585	974,161	2,735	28.2	29,817
Gastrointestinal Agents	0.7	0.3	0.1	0.2	54	40	9	5	120	73	26	21,741	1,781,431	3,017	31.1	32,720
Genitourinary Agents	0.4	0.3	0.0	0.1	17	15	1	2	56	35	19	4,027	178,903	924	9.5	10,246
CNS Drugs	1.3	0.6	0.2	0.5	98	69	21	9	110	113	18	54,792	4,089,913	3,863	39.9	41,536
Stimulants/Anti-obesity/Anorexia	0.6	0.2	0.2	0.3	32	14	9	9	90	50	32	430	22,687	65	0.7	706
Miscellaneous Psychological/Neurological Agents	0.7	0.6	0.0	0.1	84	82	0	2	131	31	25	777	92,336	103	1.1	1,100
Analgesics and Anesthetics	0.8	0.2	0.1	0.4	43	26	9	8	131	76	18	34,701	1,960,098	4,227	43.6	46,018
Neuromuscular Agents	0.9	0.3	0.2	0.4	48	30	7	10	93	41	24	21,902	1,120,606	2,141	22.1	23,389
Nutritional Products	0.6	0.0	0.3	0.4	12	0	7	5	16	27	13	7,223	135,565	1,058	10.9	11,255
Hematological Agents	0.8	0.1	0.3	0.3	144	123	15	6	959	44	18	7,344	1,354,785	898	9.3	9,401
Topical Products	0.3	0.1	0.1	0.1	12	7	3	2	54	40	16	10,129	364,912	2,686	27.7	29,892
Miscellaneous Products	0.8	0.2	0.3	0.2	159	77	72	10	312	240	46	925	191,202	108	1.1	1,201
Unknown Therapeutic Category	0.5	0.0	0.0	0.0	28	0	0	0	0	0	0	17,487	990,091	3,204	33.1	35,106
TOTAL NO. OF RX AND RX \$	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	326,902	18,104,700	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 1999 file for Alaska, released by CMS in 10/2003. This table was produced on 06/25/2004.

- a. Table 15 includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 1999. A beneficiary who used drugs from two or more categories was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- b. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
- c. For information about these therapeutic categories, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mdmb.asp (May 13 2003).
- d. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In Alaska, 6.4 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined. For information about this classification method, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mdmb.asp (May 13 2003).
- Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Center for Medicare and Medicaid Services; CNS = Central Nervous System; MAX = Medicaid Analytic Extract; n.a. = not applicable; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE 16

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP^{a, b, c}
DUAL ELIGIBLE BENEFICIARIES, ALASKA, 1999

Top 10 Drug Groups	Users			Among Users			
	Total Medicaid Rx \$	No.	As % of Dual Benes	No. of Bene Mos	No. of Rx per Bene Mo	\$ per Rx	Rx \$ per Bene Mo
ANTIPSYCHOTICS	\$2,087,672	1,677	17.3 %	18,460	0.8	\$143	\$113
ANTIDEPRESSANTS	1,537,853	3,418	35.3	37,135	0.7	58	41
ULCER DRUGS	1,330,162	2,869	29.6	31,505	0.5	83	42
ANALGESICS - Narcotic	1,236,082	4,745	49.0	52,286	0.4	57	24
MISC. HEMATOLOGICAL	1,038,690	255	2.6	2,646	0.6	605	393
ANTICONVULSANT	824,295	1,433	14.8	15,804	0.9	61	52
ANTIHYPERTENSIVE	746,005	2,705	27.9	29,372	0.7	37	25
ANTIASTHMATIC	725,489	3,252	33.6	35,485	0.4	50	20
ANTIVIRAL	627,881	406	4.2	4,494	0.5	272	140
ANTI-DIABETIC	603,458	1,764	18.2	19,122	0.7	43	32

Source: Data for this table are from the MAX 1999 file for Alaska, released by CMS in 10/2003. This table was produced on 06/25/2004.

a. Table 16 includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 1999. A beneficiary who used drugs from two or more groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

b. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.

c. The top 10 drug groups were determined based on total Medicaid reimbursement in the state for 1999. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE 16A
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR TOP 10 DRUG GROUPS COMBINED
 AND FIRST AND SECOND GROUPS SEPARATELY, BY SEX, BOE, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, ALASKA, 1999

Beneficiary Characteristics	All Top 10 Drug Groups					ANTIPSYCHOTICS					ANTIDEPRESSANTS						
	No. of Rx	Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$
All	145,531	\$10,757,587	1,677	17.3 %	18,460	0.8	\$113	3,418	35.3 %	37,135	0.7	\$41					
Female	93,385	5,590,763	887	16.1	9,707	0.7	88	2,317	42.0	25,086	0.7	42					
Disabled	44,436	3,315,609	601	29.9	6,680	0.7	106	1,333	66.3	14,678	0.7	48					
5 and younger	10	1,511	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
6-14	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
15-20	54	2,336	0	0.0	0	0.0	0	1	16.7	10	1.2	65					
21-44	16,346	1,421,261	334	41.4	3,689	0.8	119	519	64.4	5,701	0.7	48					
45-64	25,320	1,747,941	248	24.3	2,794	0.7	95	743	72.8	8,239	0.7	49					
65-74	2,438	129,300	14	8.8	147	0.6	32	59	36.9	613	0.6	37					
75-84	225	10,703	4	28.6	44	0.3	20	10	71.4	104	0.8	31					
85 and older	43	2,557	1	33.3	6	0.7	140	1	33.3	11	1.2	14					
Other Eligibles	48,949	2,275,154	286	8.1	3,027	0.7	48	984	28.0	10,408	0.8	34					
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
6-14	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
15-20	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
21-44	438	37,149	1	3.2	12	0.1	2	13	41.9	137	0.5	44					
45-64	267	15,297	3	16.7	34	1.0	110	6	33.3	69	1.0	47					
65-74	21,636	1,055,636	110	6.7	1,174	0.7	42	447	27.1	4,801	0.7	32					
75-84	18,171	802,443	103	8.1	1,085	0.8	58	353	27.6	3,710	0.8	34					
85 and older	8,437	364,629	69	12.8	722	0.8	39	165	30.7	1,691	1.1	37					
Male	52,146	5,166,824	790	18.9	8,753	0.8	141	1,101	26.4	12,049	0.7	40					
Disabled	33,596	4,222,300	680	31.9	7,664	0.9	152	807	37.8	9,007	0.6	42					
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
6-14	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
15-20	15	767	1	10.0	12	0.4	14	2	20.0	22	0.3	16					
21-44	16,987	2,978,504	474	42.4	5,331	0.9	160	433	38.7	4,835	0.6	45					
45-64	15,442	1,181,058	201	22.6	2,273	0.9	137	359	40.3	4,026	0.7	39					
65-74	1,079	58,142	4	3.8	48	0.4	13	13	12.4	124	0.4	38					
75-84	40	1,920	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
85 and older	33	1,909	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
Other Eligibles	18,550	944,524	110	5.4	1,089	0.7	63	294	14.4	3,042	0.8	34					
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
6-14	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
15-20	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
21-44	174	17,515	3	16.7	30	1.0	232	4	22.2	39	0.9	124					
45-64	211	22,248	3	12.0	29	1.1	202	10	40.0	80	0.5	45					
65-74	8,961	460,061	37	3.3	369	0.6	82	135	12.2	1,437	0.7	32					
75-84	7,221	360,631	49	7.0	467	0.6	42	116	16.5	1,194	0.8	30					
85 and older	1,983	84,069	18	9.8	194	0.7	29	29	15.8	292	1.2	48					
Unknown	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					

Source: Data for this table are from the MAX 1999 file for Alaska, released by CMS in 10/2003. This table was produced on 06/25/2004.

a. Table 16A includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 1999. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

b. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.

c. The top 10 drug groups were determined based on total Medicaid reimbursement in the state for 1999. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mdmb.asp (May 13 2003).

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE 16B
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR THIRD TO FIFTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BOE, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, ALASKA, 1999

Beneficiary Characteristics	ULCER DRUGS					ANALGESICS - Narcotic					MISC. HEMATOLOGICAL				
	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$
All	2,869	29.6 %	31,505	0.5	\$42	4,745	49.0 %	52,286	0.4	\$24	255	2.6 %	2,646	0.6	\$393
Female	1,865	33.8	20,595	0.5	43	3,100	56.1	34,279	0.4	24	158	2.9	1,626	0.7	40
Disabled	715	35.6	7,875	0.5	45	1,589	79.0	17,640	0.5	33	31	1.5	328	0.5	34
5 and younger	1	50.0	11	0.4	41	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	1	16.7	9	3.1	31	1	16.7	10	0.1	1	0	0.0	0	0.0	0
21-44	218	27.0	2,407	0.4	40	610	75.7	6,692	0.5	34	2	0.2	24	0.1	11
45-64	425	41.7	4,700	0.5	47	891	87.4	9,963	0.5	34	23	2.3	241	0.5	38
65-74	63	39.4	689	0.5	49	78	48.8	880	0.4	15	5	3.1	51	0.7	32
75-84	5	35.7	42	0.8	100	7	50.0	78	0.6	11	1	7.1	12	0.1	10
85 and older	2	66.7	17	0.5	41	2	66.7	17	0.9	38	0	0.0	0	0.0	0
Other Eligibles	1,150	32.8	12,720	0.6	41	1,511	43.0	16,639	0.3	14	127	3.6	1,298	0.7	41
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	10	32.3	93	0.6	51	20	64.5	212	0.7	87	0	0.0	0	0.0	0
45-64	6	33.3	61	0.9	64	5	27.8	46	0.7	38	0	0.0	0	0.0	0
65-74	519	31.5	5,811	0.5	40	735	44.6	8,189	0.3	13	45	2.7	455	0.7	44
75-84	419	32.8	4,666	0.6	39	542	42.4	6,040	0.3	10	62	4.9	637	0.7	42
85 and older	196	36.5	2,089	0.7	48	209	38.9	2,152	0.4	21	20	3.7	206	0.7	36
Male	1,004	24.1	10,910	0.5	41	1,645	39.4	18,007	0.4	24	97	2.3	1,020	0.6	955
Disabled	470	22.0	5,208	0.5	45	1,059	49.6	11,760	0.4	30	38	1.8	386	0.8	2,452
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	1	10.0	11	0.2	21	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	176	15.7	1,949	0.5	41	500	44.7	5,498	0.4	34	8	0.7	71	2.3	13,188
45-64	256	28.8	2,841	0.5	48	525	59.0	5,869	0.5	28	24	2.7	263	0.4	32
65-74	34	32.4	380	0.4	36	33	31.4	381	0.3	22	5	4.8	50	0.4	30
75-84	2	28.6	17	0.8	72	1	14.3	12	0.1	2	0	0.0	0	0.0	0
85 and older	1	25.0	10	0.8	100	0	0.0	0	0.0	0	1	25.0	2	1.5	61
Other Eligibles	534	26.2	5,702	0.5	38	586	28.8	6,247	0.3	12	59	2.9	634	0.5	44
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	1	5.6	11	0.4	38	10	55.6	107	0.9	46	0	0.0	0	0.0	0
45-64	4	16.0	35	0.6	69	10	40.0	79	0.6	31	0	0.0	0	0.0	0
65-74	261	23.5	2,802	0.4	37	316	28.5	3,423	0.3	11	30	2.7	331	0.6	50
75-84	211	30.1	2,267	0.5	38	202	28.8	2,168	0.3	11	23	3.3	234	0.5	38
85 and older	57	31.1	587	0.6	42	48	26.2	470	0.3	10	6	3.3	69	0.4	33
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Table 16B

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 1999 file for Alaska, released by CMS in 10/2003. This table was produced on 06/25/2004.

a. Table 16B includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 1999. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

b. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.

c. The top 10 drug groups were determined based on total Medicaid reimbursement in the state for 1999. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE 16C
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR SIXTH TO EIGHTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BOE, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, ALASKA, 1999

Beneficiary Characteristics	ANTICONVULSANT				ANTIHYPERTENSIVE				ANTIASTHMATIC						
	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$
All	1,433	14.8 %	15,804	0.9	\$52	2,705	27.9 %	29,372	0.7	\$25	3,252	33.6 %	35,485	0.4	\$20
Female	847	15.3	9,364	0.9	52	1,691	30.6	18,283	0.7	26	2,130	38.6	23,283	0.4	20
Disabled	606	30.1	6,715	0.9	61	420	20.9	4,524	0.7	25	870	43.3	9,513	0.4	19
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	100.0	22	0.3	48
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	1	16.7	10	1.2	136	1	16.7	12	0.1	3	0	0.0	0	0.0	0
21-44	320	39.7	3,547	0.9	69	76	9.4	792	0.6	22	251	31.1	2,666	0.3	15
45-64	274	26.9	3,036	0.9	53	279	27.4	3,056	0.7	26	534	52.4	5,936	0.4	20
65-74	11	6.9	122	0.7	28	59	36.9	622	0.7	25	77	48.1	835	0.5	25
75-84	0	0.0	0	0.0	0	5	35.7	42	0.3	10	5	35.7	48	0.3	14
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	33.3	6	0.3	37
Other Eligibles	241	6.9	2,649	1.0	31	1,271	36.2	13,759	0.7	26	1,260	35.9	13,770	0.4	21
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	12	38.7	117	0.6	41	2	6.5	24	2.0	46	5	16.1	37	0.1	4
45-64	3	16.7	33	0.2	5	4	22.2	34	1.0	43	6	33.3	41	0.6	20
65-74	105	6.4	1,164	0.9	35	583	35.4	6,354	0.7	26	643	39.0	7,072	0.4	21
75-84	90	7.0	1,006	1.1	30	483	37.8	5,271	0.7	26	438	34.3	4,852	0.4	21
85 and older	31	5.8	329	0.8	23	199	37.1	2,076	0.8	25	168	31.3	1,768	0.5	25
Male	586	14.0	6,440	0.8	52	1,014	24.3	11,089	0.7	25	1,122	26.9	12,202	0.4	21
Disabled	486	22.8	5,395	0.8	56	349	16.4	3,862	0.7	29	439	20.6	4,875	0.4	22
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	10.0	11	0.1	1
21-44	314	28.1	3,452	0.9	61	96	8.6	1,063	0.7	32	136	12.2	1,513	0.3	14
45-64	161	18.1	1,820	0.8	48	212	23.8	2,343	0.8	28	252	28.3	2,813	0.5	26
65-74	11	10.5	123	0.7	24	36	34.3	403	0.6	24	47	44.8	515	0.5	22
75-84	0	0.0	0	0.0	0	2	28.6	21	0.5	22	1	14.3	9	0.2	6
85 and older	0	0.0	0	0.0	0	3	75.0	32	0.6	21	2	50.0	14	0.1	6
Other Eligibles	100	4.9	1,045	0.6	32	665	32.6	7,227	0.6	23	683	33.5	7,327	0.4	21
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	1	5.6	11	0.2	12	1	5.6	9	0.4	25	0	0.0	0	0.0	0
45-64	3	12.0	29	0.4	20	1	4.0	9	0.6	43	8	32.0	73	0.4	25
65-74	51	4.6	563	0.5	27	321	28.9	3,537	0.6	24	363	32.7	3,925	0.4	20
75-84	37	5.3	373	0.7	38	276	39.4	2,991	0.6	22	257	36.7	2,741	0.4	21
85 and older	8	4.4	69	0.9	46	66	36.1	681	0.7	23	55	30.1	588	0.4	18
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 1999 file for Alaska, released by CMS in 10/2003. This table was produced on 06/25/2004.

a. Table 16C includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 1999. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

b. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.

c. The top 10 drug groups were determined based on total Medicaid reimbursement in the state for 1999. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE 16D
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR NINTH AND TENTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BOE, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, ALASKA, 1999

Beneficiary Characteristics	ANTIVIRAL				ANTIDIABETIC				Mean Rx \$	Mean No. of Rx	Users as % of Dual Benes	No. of Bene Mos among Users	No. of Bene	Mean Rx \$	Mean No. of Rx	Users as % of Dual Benes	No. of Bene Mos among Users	No. of Bene
	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean Rx \$	Mean No. of Rx	Users as % of Dual Benes	No. of Bene Mos among Users	No. of Bene										
All	406	4.2 %	4,494	0.5	\$140	1,764	18.2 %	19,122	0.7	\$32	9,692	100,761						
Female																		
Disabled																		
5 and younger	160	2.9	1,813	0.3	53	1,202	21.8	13,033	0.7	31	5,521	57,847						
6-14	108	5.4	1,247	0.4	70	443	22.0	4,868	0.7	36	2,011	21,244						
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	23						
21-44	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0						
45-64	60	7.4	691	0.4	95	74	9.2	776	0.5	28	806	8,531						
65-74	46	4.5	532	0.4	41	331	32.5	3,671	0.7	37	1,020	10,829						
75-84	2	1.3	24	0.2	12	36	22.5	401	0.8	36	160	1,630						
85 and older	0	0.0	0	0.0	0	2	14.3	20	0.9	18	14	144						
Other Eligibles																		
5 and younger	52	1.5	566	0.2	13	759	21.6	8,165	0.8	28	3,510	36,603						
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0						
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0						
21-44	2	6.5	19	0.2	14	3	9.7	36	0.7	45	31	251						
45-64	0	0.0	0	0.0	0	2	11.1	13	1.2	20	18	154						
65-74	27	1.6	305	0.2	15	417	25.3	4,461	0.7	29	1,647	17,143						
75-84	18	1.4	182	0.3	13	266	20.8	2,916	0.8	27	1,277	13,589						
85 and older	5	0.9	60	0.1	8	71	13.2	739	0.9	24	537	5,466						
Male																		
Disabled																		
5 and younger	246	5.9	2,681	0.6	199	562	13.5	6,089	0.7	33	4,171	42,914						
6-14	217	10.2	2,378	0.7	216	263	12.3	2,883	0.7	40	2,134	22,299						
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0						
21-44	164	14.7	1,778	0.7	231	68	6.1	753	0.8	42	1,118	11,677						
45-64	53	6.0	600	0.6	172	174	19.6	1,929	0.7	40	890	9,360						
65-74	0	0.0	0	0.0	0	19	18.1	187	0.7	31	105	1,054						
75-84	0	0.0	0	0.0	0	1	14.3	12	1.0	14	7	66						
85 and older	0	0.0	0	0.0	0	1	25.0	2	1.0	26	4	30						
Other Eligibles																		
5 and younger	29	1.4	303	0.3	63	299	14.7	3,206	0.7	27	2,037	20,615						
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0						
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0						
21-44	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0						
45-64	3	12.0	18	0.7	280	1	4.0	8	0.6	16	25	169						
65-74	10	0.9	111	0.2	11	158	14.2	1,718	0.7	28	1,110	11,281						
75-84	14	2.0	150	0.4	85	119	17.0	1,283	0.7	28	701	7,197						
85 and older	2	1.1	24	0.1	4	21	11.5	197	0.7	17	183	1,844						
Unknown																		
	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0						

Table 16D

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 1999 file for Alaska, released by CMS in 10/2003. This table was produced on 06/25/2004.

- a. Table 16D includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 1999. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- b. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
- c. The top 10 drug groups were determined based on total Medicaid reimbursement in the state for 1999. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy; \$ = Medicaid reimbursement.

TABLE 17
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BENEFICIARY CHARACTERISTIC^{a, b}
 DUAL ELIGIBLE BENEFICIARIES, ALASKA, 1999

Beneficiary Characteristics	Rx \$ per Bene Mo	No. of Rx per Bene Mo	No. of All-Year NF Residents	Bene Mos among All-Year NF Residents
All	\$289	6.0	452	4,478
Age				
0-64	373	6.7	65	699
65-74	304	6.1	92	896
75-84	305	6.3	153	1,462
85 and older	220	5.3	142	1,421
Unknown	0	0.0	0	0
Gender				
Female	278	6.1	297	2,956
Male	309	5.8	155	1,522
Unknown	0	0.0	0	0
Race				
White	304	6.4	284	2,757
African American	355	6.9	21	192
Other/unknown	252	5.1	147	1,529
Basis of Eligibility				
Aged	272	5.8	374	3,678
Disabled	364	6.8	78	800
Adults	0	0.0	0	0
Children	0	0.0	0	0
Unknown	0	0.0	0	0

Source: Data for this table are from the MAX 1999 file for Alaska, released by CMS in 10/2003. This table was produced on 06/25/2004.

a. Table 17 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their 1999 Medicaid enrollment. A total of 241 beneficiaries who were in nursing facilities for part of their enrollment and their 2,215 benefit months were excluded from the analysis. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

b. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy; \$ = Medicaid reimbursement.

TABLE 18

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d, e}
 DUAL ELIGIBLE BENEFICIARIES, ALASKA, 1999

Therapeutic Category	No. of Rx per Bene Mo among Users			\$ per Bene Mo among Users			\$ per Rx			Users						
	Total	Patented	Off-Patent	Total	Patented	Off-Patent	Total	Patented	Off-Patent	Total # of Rx	Total Rx \$	No.	As % of Dual All-Year NF Residents	No. of Bene Mos		
		Brand-Name	Brand-Name	Brand-Name	Brand-Name	Brand-Name	Brand-Name	Brand-Name	Brand-Name	Generic	Generic	Generic	Generic	Generic	Generic	
Anti-infective Agents	0.4	0.2	0.0	0.2	\$17	\$1	\$3	\$56	\$90	\$80	\$16	1,024	\$57,026	275	60.8 %	2,843
Biologicals	0.1	0.0	0.0	0.1	4	0	4	39	17	0	41	20	770	18	4.0	197
Antineoplastic Agents	0.7	0.1	0.3	0.3	124	49	55	166	388	171	65	205	34,086	31	6.9	276
Endocrine/Metabolic Drugs	1.3	0.6	0.1	0.7	41	28	3	32	50	42	16	2,068	66,308	165	36.5	1,606
Cardiovascular Agents	1.8	0.3	0.6	0.8	50	16	21	28	47	37	15	5,128	145,603	292	64.6	2,904
Respiratory Agents	0.8	0.2	0.1	0.6	42	12	2	49	55	40	48	1,098	53,867	125	27.7	1,293
Gastrointestinal Agents	1.2	0.6	0.2	0.4	85	60	13	73	104	76	29	3,119	226,685	264	58.4	2,657
Genitourinary Agents	0.6	0.3	0.0	0.2	29	21	2	47	61	56	25	483	22,699	73	16.2	787
CNS Drugs	1.5	0.8	0.1	0.6	87	66	11	59	84	97	18	4,424	259,587	299	66.2	2,973
Stimulants/Anti-obesity/Anorexia	0.9	0.0	0.2	0.7	14	0	2	16	0	12	17	86	1,384	10	2.2	96
Miscellaneous Psychological/Neurological Agents	0.9	0.9	0.0	0.0	114	114	0	132	132	0	0	120	15,792	13	2.9	138
Analgesics and Anesthetics	0.9	0.3	0.1	0.6	38	22	5	41	86	49	19	1,988	81,761	211	46.7	2,137
Neuromuscular Agents	0.9	0.2	0.2	0.5	50	17	14	52	80	59	36	2,125	111,040	211	46.7	2,237
Nutritional Products	0.8	0.0	0.4	0.4	20	0	14	24	12	32	15	920	22,390	110	24.3	1,122
Hematological Agents	1.2	0.1	0.6	0.5	70	45	14	60	498	26	21	1,249	74,988	106	23.5	1,068
Topical Products	0.5	0.1	0.1	0.2	16	8	4	36	55	44	19	1,162	42,060	233	51.5	2,569
Miscellaneous Products	1.3	0.6	0.0	0.6	188	143	0	145	221	0	70	44	6,399	3	0.7	34
Unknown Therapeutic Category	0.6	0.0	0.0	0.0	28	0	0	47	0	0	0	1,507	70,251	241	53.3	2,502
TOTAL NO. OF RX AND RX \$	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	26,770	1,292,696	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 1999 file for Alaska, released by CMS in 10/2003. This table was produced on 06/25/2004.

a. Table 18 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 1999. A total of 241 beneficiaries who were in nursing facilities for part of their enrollment and their 2,215 benefit months were excluded from the analysis.

b. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 1999. A beneficiary who used drugs from two or more categories was counted as a user for each category. Therefore, the sum of users across categories may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

c. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.

d. For information about these therapeutic categories, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

e. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. For information about this classification method, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003). In Alaska, 6.4 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined.

Table 18

Dual Eligible Beneficiaries

Bene Mo(s) = benefit month(s); CMS = Center for Medicare and Medicaid Services; CNS = Central Nervous System; MAX = Medicaid Analytic Extract; n.a. = not applicable; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

APPENDIX TABLE A.3
 CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY^{a, b}
 DUAL ELIGIBLE BENEFICIARIES, ALASKA, 1999

Beneficiary Characteristics	No. of Benes					No. of Bene Mos					
	All	Aged	Disabled	Adults	Children	All	Aged	Disabled	Adults	Children	Unknown
All	9,692	5,434	4,145	113	0	100,761	56,360	43,543	858	0	0
Age											
5 and younger	2	0	2	0	0	23	0	23	0	0	0
6-14	0	0	0	0	0		0	0	0	0	0
15-20	16	0	16	0	0	177	0	177	0	0	0
21-44	1,973	3	1,924	46	0	20,583	27	20,208	348	0	0
45-64	1,953	13	1,910	30	0	20,512	117	20,189	206	0	0
65-74	3,022	2,720	265	37	0	31,108	28,120	2,684	304	0	0
75-84	1,999	1,978	21	0	0	20,996	20,786	210	0	0	0
85 and older	727	720	7	0	0	7,362	7,310	52	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0
Gender											
Female	5,521	3,459	2,011	51	0	57,847	36,189	21,244	414	0	0
Male	4,171	1,975	2,134	62	0	42,914	20,171	22,299	444	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0
Race											
White	4,637	2,065	2,532	40	0	47,470	20,610	26,564	296	0	0
African American	370	149	214	7	0	3,695	1,516	2,130	49	0	0
Other/unknown	4,685	3,220	1,399	66	0	49,596	34,234	14,849	513	0	0
Use of Nursing Facilities											
All year	452	374	78	0	0	4,478	3,678	800	0	0	0
Part year	241	204	37	0	0	2,215	1,862	353	0	0	0
None	8,999	4,856	4,030	113	0	94,068	50,820	42,390	858	0	0
Maintenance Assistance Status											
Cash	8,965	4,889	3,986	90	0	93,978	51,281	41,980	717	0	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0
Poverty related	12	7	1	4	0	95	66	10	19	0	0
Other/unknown	715	538	158	19	0	6,688	5,013	1,553	122	0	0
Dual Status^c											
Full dual, all year	9,680	5,424	4,143	113	0	100,661	56,280	43,523	858	0	0
Full dual, part year	12	10	2	0	0	100	80	20	0	0	0
Managed Care Status											
FFS all year	9,692	5,434	4,145	113	0	100,761	56,360	43,543	858	0	0
FFS part year, with Rx claims	0	0	0	0	0	0	0	0	0	0	0
FFS part year, no Rx claims	0	0	0	0	0	0	0	0	0	0	0
MC all year, with Rx claims	0	0	0	0	0	0	0	0	0	0	0
MC all year, no Rx claims	0	0	0	0	0	0	0	0	0	0	0

Source: Data for this table are from the MAX 1999 file for Alaska, released by CMS in 10/2003. This table was produced on 06/25/2004.

a. Table A.3 includes the beneficiaries represented by Cell F of Table 1. Benefit months are months during which beneficiaries had pharmacy benefit.

b. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services. The total includes some beneficiaries with unknown basis of eligibility and some whose age categories are not consistent with basis of eligibility.

c. The "Full dual, all year" group contains beneficiaries who had Medicare as well as Medicaid pharmacy benefits during all months of Medicaid enrollment in 1999. The "Full dual, part year" group contains beneficiaries who had such benefits for some, but not all, months of their enrollment. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.

Bene Mo(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Center for Medicare and Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; MC = managed care; Rx = pharmacy benefit.

APPENDIX TABLE A.4
 MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS
 DUAL ELIGIBLE BENEFICIARIES, ALASKA, 1999

Beneficiary Characteristics	Beneficiaries and					
	Bene Mos in Cell F of Table 1		Included in Cell G of Table 1		Excluded from Cell G of Table 1	
	No. of Benes	No. of Bene Mos	No. of Benes	No. of Bene Mos	No. of Benes	No. of Bene Mos
All	9,692	100,761	9,692	100,761	0	0
FFS all year	9,692	100,761	9,692	100,761	0	0
FFS part year, with Rx claims	0	0	0	0	0	0
FFS part year, with no Rx claims	0	0	0	0	0	0
MC all year, with Rx claims	0	0	0	0	0	0
MC all year, with no Rx claims	0	0	0	0	0	0

Source: Data for this table are from the MAX 1999 file for Alaska, released by CMS in 10/2003. This table was produced on 06/25/2004.

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Center for Medicare and Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; MC = managed care; Rx = pharmacy benefit.

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